



Agenda Item
4.4

Quality Safety and Outcomes Sub-Committee

Director of Mental Health, Learning Disabilities and Vulnerable Groups Report

Dyddiad y Cyfarfod / Date of Meeting	23/02/2026
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Awdur yr Adroddiad / Report Author	
Cyflwynydd yr Adroddiad / Report Presenter	Sue O’Leary, Commissioning Director for Mental Health, Learning Disabilities and Vulnerable Groups
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Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt /consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
N/A	Click or tap to enter a date.	Choose an item.

Acronyms / Glossary of Terms	
CAMHS	Child and Adolescent Mental Health Service
CQC	Care Quality Commission
CYP	Children and Young People

GEM	Greater East Midlands
ICB	Integrated Care Board
IMT	Incident Management Team
LTS	Long Term Segregation
MHLDVG	Mental Health, Learning Disabilities & Vulnerable Groups
NWAS	North Wales Adolescent Service

1. SITUATION/BACKGROUND

The purpose of this report is to provide an update on any Quality and Patient Safety (QPS) issues for services relating to the Mental Health, Learning Disabilities & Vulnerable Groups (MHLDVG) Commissioning Team portfolio.

The MHLDVG Commissioning Team portfolio includes both adult and child & services and the main areas of responsibility are:

- National Frameworks (Hospitals & Care Homes)
- High & Medium Secure MH Services
- Eating Disorder In-Patient MH Services
- Deaf In-Patient MH Services
- Gender Identity Disorder Services
- Perinatal In-Patient MH Services (Mother & Baby)
- Child & Adolescent Mental Health Services In-Patient Services
- Specialised CAMHS community teams including Forensic (FACS) and Eating Disorder Outreach Service (EDOS).
- Traumatic Stress Wales
- Sexual Assault Referral Centres
- Neuropsychiatry
- Skin Camouflage Services
- Futures Programme (Includes: Review of Substance Misuse Services, Prison Mental Health Services, Early Diagnosis in Dementia, National Transport Review for Mental Health, Smoking and Obesity, Alternatives to Admission project, online CBT).

Services are provided across Wales in a mixed economy of NHS units and independent sector provision and also in England by NHS / (Foundation) Trusts and independent sector providers.

2. SPECIFIC MATTERS FOR CONSIDERATION

The following covers significant and noteworthy issues identified in specific MHLDVG Directorate portfolio areas.

2.1 Framework Commissioned Services

2.1.1 Hospital Framework

2.1.1.1 St Andrews Healthcare – Northampton

The concerns raised in relation to this service have been discussed at previous JC meetings.

The service remains suspended from the National Framework Agreement and is reviewed frequently as part of the Framework Enhanced Monitoring process. In addition to this the NWJCC, NHSE, CQC, Local ICB's, Local safeguarding service, Police and the NMC continue to convene for twice weekly for Silver IMT meetings, Weekly Gold IMT meetings and Monthly IOG meetings. These meeting all have differing levels of oversight of the issues that have been raised over recent months. Although some improvements have been noted at the service, it remains a service of concern and all admissions continue to be managed and approved/refused via CQC. There have been a number of other concerns raised during this period of enhanced monitoring, such as ward closures and redundancies at the site.

The NWJCC continue to remind Health Boards that all Welsh patients should be regularly reviewed, face to face, by Care Coordinators and/or Case managers. NWJCC clinicians also see any Welsh patients on wards visited as part of the Enhanced Monitoring process (NWJCC clinicians currently attend site every 2-3 weeks).

Although no new concerns relating to Welsh patients have been noted during recent reviews, there have been some reports of significant issues on some wards where there are no Welsh patients. There has also been notable increased interest from local and national media outlets, with more expected imminently (at the time of writing this report). NWJCC Communications team are part of the national communications hub that is in situ for this issue in particular.

NWJCC will continue to manage this service and the identified issues as per Framework process and in conjunction with other commissioning organisations across England.

CQC issued their latest report regarding St Andrews on 16th December. The review period covered in the report was for the period when the concerns were raised regarding the site. The published report raised more media interest which is being managed by NHSE/NWJCC & Police communication teams. Further CQC reports are due to be published in the coming weeks.

Following a recent audit at **Llanarth Court** (Priory) in November, significant issues were identified in relation to managing patients safely in Seclusion/Long Term Segregation (LTS), escorted leave and contemporaneous recording of daily clinical notes. Following the submission of provider evidence in relation to the issues identified, the National Framework Team auditors did not gain assurances

and therefore the service has been rated as 1Q. This rating will be in place until the service is able to provide relevant assurances to the NWJCC.

2.2 High Secure Services

Placements are overseen by clinicians from the case management teams currently commissioned by NWJCC from SBUHB & BCUHB.

2.2.1 Ashworth High Secure Hospital – Male Mental Health

Data relating to occupancy, pathway progress, incidents and restrictive practices is received monthly.

31st December – 23 patients

The next National Oversight Group meeting for High Secure will be held at Ashworth Hospital in March 2026. The NWJCC will be in attendance for the assurance visit and the formal meeting the following day.

2.2.2 Rampton Hospital – Female Mental Health & Male and Female Learning Disabilities

Data report is still to be finalized

December 31st 2 female mental health patients

There is a 6 monthly additional follow up assurance review due to be undertaken at the beginning of March. This is a follow up visit to the review that was undertaken in September 2025 at the request of the Secretary of State for Health in order to support the relicensing of the service following significant Quality issues during the original relicensing process 2 years ago. The NWJCC will continue to be involved in this monitoring process via the arranged assurance visits.

2.3 Medium Secure Services

2.3.1 Caswell

Quality and potential safety issues relating to this service have been reported through QSOC in previous meetings, following the NWJCC review at the site in September 2025. The most significant outcome of the review was the suspension of new admissions to the service due to significant safety issues. However, Caswell Clinic was reopened to admissions from 09/01/2026 following assurance being received that immediate safety and risk concerns had been satisfactorily addressed.

The MHLDVG commissioning team continue to meet with the Caswell Clinic senior management team fortnightly to review progress against their quality improvement/action plan. Clinicians from the MHLDVG directorate support the verification of completed actions.

The Director of Commissioning also meets on a fortnightly basis with members of the SBUHB executive team to discuss progress against the action plan.

The service has now been tasked with repatriating patients back to the 7 vacant beds at the site.

Work has also commenced on the SBUHB Low Secure Unit which was damaged by fire. The patients from that service remain on one of the wards within Caswell Clinic until the repairs are finished. This is likely to be in the spring of 2027.

Bed occupancy:

7th November - 64% (39 beds occupied)

9th January - 64% (39 beds occupied)

2.3.2 Ty Llewellyn, North Wales

The Director and Assistant Director of MHLDVG attended the service at the end of January 2026. Future commissioning considerations of the service were discussed with BCUHB Exec Director for Mental Health.

Bed occupancy:

7th November - 76% (19 beds occupied)

9th January - 80% (20 beds occupied)

Please note that there are currently **43** Welsh patients currently being cared for in independent Medium Secure Units.

2.4 Neuropsychiatry

NWJCC MHLDVG is currently undertaking a review of the Neuropsychiatry Rehabilitation service at Hafan y Coed, Cardiff, to understand system benefit and added value of being nationally commissioned.

Bed occupancy:

7th November - 55% (6 beds occupied)

9th January - 73% (8 beds occupied)

2.5 Gender Dysphoria Services

2.5.1 CYP Gender services

New Provider mobilisation is happening at pace. The East of England regional service to go live February 2026. At present, Welsh patients may be seen by any service, however, most are attending North West (Alder Hey) and South West (Bristol and South West). Once all services are established, referrals will be accepted on a regional Basis.

The NWJCC has good links with the Bristol and South West Team. The satellite clinic in Llandough Hospital is well established. The frequency of clinics has increased to accommodate demand. This service has an Engagement Team which

acts as the first point of contact for families and the wider throughout the patient's journey. NWJCC is represented on the Bristol and South West Partnership Board.

Currently all the CYP Gender service are working to an Interim Service Specification. Following National Stakeholder and Public Consultation (April - November 2025) the final Revised Service Specification for CYP Gender Dysphoria services is due to be published following final endorsement sign off (anticipated publication in April 2026).

The revised service specification adopts a holistic, multi-disciplinary integrated approach to assessing and responding to individual need. All host providers must be an established specialist tertiary paediatric unit with strong partnership with mental health services, be an established academic centre and with a strong track record of research in children and young people.

All new providers are and will be part of the newly established National Provider Network. This network will lead on ensuring consistent quality standards and approaches to service delivery (including training and education of the workforce in this highly specialist area). The National Provider Network is chaired by Dr. Camilla Kingdom and is hosted by Alder Hey.

All referrals to CYP are managed by the National CYP Gender Referral Support Unit-Arden and GEM. The NWJCC is in receipt of referral reports on a regular basis.

Recruitment to the Pathways Horizon Trail (observational study) has commenced in each of the new services. Recruitment to the Pathways Clinical Trial to commence shortly (will include Welsh patients). Site preparedness in progress (see Kings College Press release November 2025).

The NWJCC is represented on the National Gender Research Oversight Board.

The NWJCC is represented on the CYP National Portfolio Programme Board.

2.5.2 Adult Gender services

'The Levy Review' - National Review of Adult services was published in January 2026.

The review was undertaken with a Quality Improvement lens methodological approach. It found that critical quality areas not being met in regards to access, lack of outcome data, variance re: clinical approach, constitution of the MDTs and poor organisational governance. 20 key recommendations were made.

National Quality Improvement Network was established in January 2025 and was Chaired by Dr. Levy. The recommendations will inform the approach to the Review of the Welsh Gender Service. This review of the Welsh Gender Service will be preceded by an operational commissioning review ('Current State review').

Given that the NWJCC commissions a single Welsh Gender Service, it is recommended that independent expertise is commissioned to conduct the full service review to ensure impartiality and objectivity in the review design and reporting.

Following the Levy Review, all the adult services across NHSE will operate on a regionally basis. A significant cohort of Welsh patients have presented and are still open to NHSE services (mostly London). Work is underway to validate cases and possible transfers to the Welsh Gender Service.

NHSE are to review the Gender surgical pathway through 2026.

A review of the National Commissioning Policy and Pathway for Hormone Treatment is also scheduled to commence in April 2026.

NHSE has set up separate working groups for 'De-transition' and Forensic population. Call for evidence on the number of individuals who have de-transitioned has concluded. Publication of this report is imminent.

The NWJCC sits on the National Adult Gender Portfolio Board.

2.6 Child and Adolescent Mental Health Service (CAMHS) –

2.7 North Wales Adolescent Service (NWAS).

Demand and therefore occupancy remains low (40%-50%). This was discussed between JCC MHL DVG team and BCUHB during a recent visit. Consideration to be given about future need and commissioning intentions for this service.

Bed occupancy:

7 th November	- 33% (4 beds occupied)
9 th January	- 50% (6 beds occupied)

2.8 Ty Llidiard

Discussions have been held regarding potential requirement to redirect admissions, particularly of more challenging individuals due to unavailability of extra care area. General bed availability should not be an issue based upon current usage.

There is currently a delay in construction works due to reported issues with the contractor. A request has been made for the provider to give an update of the issues and updated timescales for works to be completed.

Contingency plan for relevant referrals to be redirected to NWAS or independent sector.

Bed occupancy:
7th November - 67% (10 beds occupied)
9th January - 40% (6 beds occupied)

2.9 Perinatal Inpatient services

Seren Lodge Perinatal Unit at Countess of Chester Hospital is now finished and taking admissions. The Director & Asst. Director of MHLDVG visited the service, along with NWJCC Communication team at the end of January. The service will be fully operational with all 8 beds (2 for Welsh patients) in use by March 2026. A number of Welsh patients have already used the service.

The unit is purpose-built and of a very high specification. Development has taken place with the support of Welsh Expert by Experience group. Up to 20% of the staff employed at the unit are able to speak Welsh, all signage is bi-lingual, as are information documents and the unit website (once developed).

NWJCC continue to work closely with NHSE, Cheshire and Wirral Partnership Integrated Care Board and Local Provider Collaborative, to ensure that any operational issues are minimized.

The NWJCC also commissions an Inreach/outreach worker, within the North Wales Peri-natal service. The post will support Welsh patients being admitted/discharged from the inpatient unit.

Uned Gobaith, in Tonna, had a planned closure from October until December to complete essential repairs to the roof and to resolve an issue with temperature controls in patient bedrooms. Repairs were completed on schedule with full reopening of the unit in December 2025.

Bed occupancy:
7th November - Site closed for repairs
9th January - 50% (3 beds occupied)

2.10 Skin Camouflage Service

This service has been fully operational since January 2026. Weekly clinics are being held at the service in Bridgend. Reported uptake of the service is very promising with the first month of clinic appointments being fully booked.

3. KEY RISKS / MATTERS FOR ESCALATION

3.1 Risk Register

The risk register for Mental Health, Learning Disabilities and Vulnerable Groups is taken to the Commissioning Team meetings on a monthly basis.

4. ASSESSMENT

4.1 Services in escalation

The Caswell Clinic Medium Secure Unit is the only service within the MHLDVG commissioned portfolio currently in Escalation. The service is in Escalation Level 3.

4.2 Health Inspectorate Wales (HIW) and Care Quality Commission (CQC) Inspection Reports, NHS Wales Quality Assurance

4.2.1 Health Inspectorate Wales

MH, LD & VG meet with HIW & NHS England bi-monthly to discuss any actual or potential issues with sites in Wales.

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC / Link to JCC Strategic Objectives(s)	Not Applicable
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	Not Applicable
	If more than one applies please list below:
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Learning, Improvement & Research
	If more than one applies please list below:
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Domains of Quality</i>	Safe
	If more than one applies please list below:

(Duty of Quality Statutory Guidance (gov.wales))	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for this Commissioning Team Report. Individual risks/services may have been subject to QIA.
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: Not required for this Commissioning Team Report. Individual risks/services may have been subject to an Impact Assessment.
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	

5 RECOMMENDATIONS

Members of the Quality, Safety and Outcomes Sub-Committee are asked to:

- **Note** the information presented within the report; and
- **Receive** the report as **assurance** that there are robust mechanisms for ensuring safety and quality within the programme.

6 NEXT STEPS

MHLDVG Commissioning Team QSOC reporting will continue to cover any activities within its extensive portfolio by exception, which may have quality and patient safety implications.